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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755592** (3)

1. Corporation Name

L'AMBIANCE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 23123 STATE ROAD 7 SUITE 350A BOCA RATON FL 33428 US		Mailing Address P O BOX 97-0069 BOCA RATON FL 33497-0069 US		3. Date Incorporated or Qualified 12/18/1980	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2082064	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent PALOMBI, GARY 23123 STATE ROAD 7 SUITE 350-A BOCA RATON FL 33428		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD Joyce Wagner
NAME	AYTON, MARLEEN	1.2 NAME	6370 Las Flores Drive
STREET ADDRESS	6536 LAS FLORES DR	1.3 STREET ADDRESS	BOCA RATON, FL 33433
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	FL 33433
TITLE	SD	2.1 TITLE	P/D Marleen Ayton
NAME	EVANS, WILLIAM	2.2 NAME	6536 Las Flores Dr
STREET ADDRESS	6120 VIA TIERRA DR.	2.3 STREET ADDRESS	Boca Raton, FL 33433
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	FL 33433
TITLE	PD	3.1 TITLE	D Gary Spain
NAME	DALY, ROBERT	3.2 NAME	6160 Via Tierra
STREET ADDRESS	6111 LAS FLORES DR	3.3 STREET ADDRESS	BOCA RATON, FL 33433
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	FL 33433
TITLE	D	4.1 TITLE	D Robert Daly
NAME	PRYOR, BILL	4.2 NAME	6111 Las Flores
STREET ADDRESS	6498 LAS FLORES	4.3 STREET ADDRESS	Boca Raton FL 33433
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	FL 33433
TITLE	D	5.1 TITLE	
NAME	O'BRIEN, CONRAD	5.2 NAME	
STREET ADDRESS	6200 VIA TIERRA	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	T/D Tom Friedman
NAME	FRIEDMAN, TOM	6.2 NAME	
STREET ADDRESS	6632 LAS FLORES DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2-23-98 561-477-9907

CR2E037 (10/97)